

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 (FOR USE WITH FORM PTO-875)

SERIAL NO.
10/088738

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/										
2		/		/			51						
3		/		/			52						
4		/		/			53						
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45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	18	↓	23	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	19		24				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADJUDICATIONS